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these cases cannot at present be adequately explained. Forster's suggestion of better blood supply to the cortical region corresponding to the fovea, is at present an hypothesis. In discussing the relation between the cortex and the retina Hun's case is quoted as significant. It must be remembered, however, that according to the experiments on animals the (ventral) lower portion of the cuneus is associated with the lower portion of the retina, while in Hun's case the lower portion of the cuneus is associated with the upper portion of the retina—an important difference. Sector defects in the field are more usually associated with disease of the cortex, while irregular defects are more likely to be subcortical.

As regards the perceptions of light, color and form it occurs, of course, that the loss of light perceptions necessarily involves the other two—but either of these alone—form or color may be lost independently. The two theories advanced to explain these are (1) separate areas for the two functions, lying beside one another, and (2) separate strata in the cortex lying above one another. It would be rash to say that either view was satisfactorily supported, but the latter seems to have rather the better support from the cases cited.

History of a case of sarcoma of genu of the corpus callosum, presenting symptoms of profound hysteria: With autopsy. CHARLES A. OLIVER, M. D. University Medical Magazine. Philadelphia, April, 1891.

The patient was a woman 43 years of age, who had suffered from severe mental strain associated with retroversion of the uterus. She exhibited symptoms shortly before her death which led to the diagnosis of profound hysteria, possibly combined with a gross intracranial lesion situated anteriorly and at the base of the brain.

The basis of this was the mutability of the ocular symptoms; the characteristic fields; the absence of any expressive motor changes; the condition of the fundus oculi, in association with the mental derangements; the loss of the senses of smell and taste; ovarian tenderness; abundant limpid urine without abnormal excreta; the absence of cephalgia, vomiting, vertigo, or any gross general symptoms of cerebral growth and a constant highly emotional condition.

In the left eye, vision was lost save in a small region to the nasal side of the visual field. Central vision for form for the right eye was but $\frac{1}{10}$ th and could not be optically improved. The left pupil reacted only to the stimulation of the region mentioned. In the right eye a sluggish reaction of the pupil followed stimulation of either half of the retina. The field for color vision was very variable owing to the rapid fatigue due to the tests, the color first tested giving the largest field. The disturbance of vision was first noted by the patient, next smell and taste were lost by degrees and in the order named. Disturbance in hearing was not recognized, but upon testing, hearing was found deficient. Extreme lassitude was followed by her remaining continuously in bed. Visual illusion and hallucinations then appeared. The latter were of a very persistent sort, the former took the form of indefinite multiplication of special objects—all clearly projected. Tactile illusions followed and combined themselves with the visual ones. The muscle sense and that of pain and temperature appeared normal. There was no indications of any form of aphasia.

At the autopsy, the brain alone was examined. The tumor above mentioned was found attached to the genu. Its shape was hemispherical and its two greatest diameters six and five and one-half centimeters respectively. Its greatest bulk lay to the left of the median line. The uncinate gyri, the olfactory tubercles, the cephalic portion of the gyrus fornicatus and both optic nerves, but especially the left one, were the parts most affected.

The disturbances of vision are associated with the pressure on the optic nerves; those of taste and smell with that on the uncinate gyrus

and the neighboring olfactory pathways; that of hearing—which was specially deficient on the left side—with the greater bulk of the tumor on that side; and those of touch were not specially referred, but would most naturally fall in with the pressure on the anterior portion of the gyrus fornicatus. A histological examination of the compressed structures gave negative results.

Contributions to the Pathology of infantile cerebral palsies. B. SACHS, M. D.
N. Y. Medical Journal. May 2, 1891.

One purpose of this article is to point out, by careful comparison of the clinical symptoms with the pathological findings, those cases in which the surgeon may properly interfere. Another purpose is to emphasize the view that a much larger number of these palsies than has been hitherto admitted, are of cerebral origin. In the pursuit of this latter end the author is but insisting upon views which he has previously advanced.

A brief table gives the conclusions which he has reached in the cases, the morbid lesion, form of palsy, distinguishing symptoms and conditions being brought together in three groups, arranged according to time of onset as "prenatal," "birth" and "acquired palsies." Further, an account of two cases is given in detail and illustrated by three plates.

The first case is that of a boy of eight years who was well until six years and a half of age, when he was seized with convulsions and developed right hemiplegia—the face included. He was hydrocephalic and the head was found to be still enlarging. He had had repeated epileptic seizures involving the right hand only. His disposition was happy and his mental development good, though somewhat retarded. Later, he suddenly fell, without loss of consciousness. The hemiplegia was then found complete, the sphincters not being involved. Fever developed. Vision was disturbed, the disturbance ending in blindness. Speech became difficult and stupor was followed by coma. The motor nerves of both eyes became involved later. Death at end of eight weeks. The autopsy showed the brain much enlarged and quite smooth caudad. A cyst was found in the left ventricle and in this a large tumor (gliosarcoma), filling a large portion of the distended ventricle. Another large tumor was found near the top of the right temporo-sphenoidal lobe. Both tumors pressed on the brain axis and the eye symptoms are thus explained. The motor tracts in the cord were degenerated. The cyst, occupying a large portion of the motor area and due probably to a subpial hemorrhage, is offered as the explanation of the initial hemiplegia and the tumors, as that of the subsequent and fatal attack. The hydrocephalus is not considered as important in determining the course of events.

The second case was that of a chronic meningo-encephalitis in a boy of one year, due probably to a wide spread effusion of blood between the pia and the cortex at the time of birth.

Vergleichend-anatomische Untersuchungen über den Fornix und die zu ihm in Beziehung gebrachten Gebilde im Gehirn des Menschen und der Säugethiere. Von JACOB HONEGGER. Mit 10 Lichtdruck-Tafeln. Inaug. Diss. Zürich. Genf, 1890.

This pamphlet, which to say the least is a remarkable production, appears to have been printed at the same time in the *Recueil Zoologique* Susse t. V, and thus the author was assisted in publishing his 234 pages of text and ten plates, on some of the more neglected parts of the brain. He opens with 76 pages of historical introduction, which is intended to fill the gap existing between the account of Burdach and the present day. This account is very full. His material for study comprised a long series of sections from man, calf, sheep, dog, pig, cat, rabbit, mouse, and from several birds, reptiles, amphibia and bony and cartilaginous fishes, many of these animals being represented by several series in different planes and stained with gold, carmine, or Weigert's.